FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Mar 10 1998 8:00am

Secretary of State

7-17-98

(352) 596-2721

Secretary of State DIVISION OF CORPORATIONS

N96000001019 (6) DOCUMENT #

C.L.A. MINISTRY, INC.

Principal Place of Business

5022 PLUMOSA SPRING HILL F				5022 PLUMOSA ST Spring Hill Fl 34607					3. Date Incorporated or Qualified						
			•	WITH THE WINDS THE WINDS					<u> </u>	02/26/1996					
									4.	FEI Number		⊢	$\overline{}$	plied For	
2 Principal Pi	ane of Busine	ACE	120	Mailing Address					+	<u>59-3406667</u>				t Applicable	
2. Principal Place of Business 21				26					5.	Certificate of Status Desired		F	ee Re	Additional iquired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6.	Election Campaign Financing				May Be	
City & State				City & State						Trust Fund Contribution				Fees	
23				28				7. Is this nonprofit corporation a homeowners association? Types No							
Zip		Country	<u> </u>	Zip	\vdash	Countr	У		В.	This corporation owes or has	_				
24		26]	29	tour d A	30				ـــِـــ	Personal Property Tax due Ju	_	Yes	L.] No	
9. Name and Address of Current Registered Agent								Name	10. Name and Address of New Registered Agent						
							1	Name							
HOGAN 20 S BF		82 Street Add			Street Add	dress (P.O. Box Number is Not Acceptable)									
BROOKSVILLE FL 34601							1								
						84	╁	City				85	Zip (Code	
							1	·			<u> </u>		·		
11. Pursuant I	to the provision	ons of Sections 617.0502	2 and 6	17.1508, Florida Statu	ites, th	he abov	/8-I	named corp	poratio	in submits this statement for the board of directors. I hereby acc	purpose of	chang	ing its	s registered	
agent. I a	m fa miliar with	n, and accept the obliga	tions o	f, Section 617.0503, F	lorida	Statute	s.	ino corpora	AIOH &	bodia or directors. I hereby acc	opi ino app	Ontario	, IL 40	i o grotoro d	
SIGNATURE _	_														
	Signature, typed o	r printed name of registered age					ent	signature requi			DATE	SISE/	- TOD		
12.	PD	OFFICERS AND	DIREC	DELETE		13.				ADDITIONS/CHANGES TO OFF	ICEHS AND	DIREC		S IN 12	
TITLE		CHDISTODUED I		C) Deceie		1.1 TITLE							ange	☐ AUGRION	
NAME ANASKY, CHRISTOPHER L				1.2 NA											
STREET ADDRESS 5022 PLUMOSA ST CITY-ST-ZIP SPRING HILL FL 34807								DDRESS							
CITY-ST-ZIP		HILL PL 3400/		DELETE	_	1.4 CITY-	ST-	ZIP				☐ Ch	****	Addition .	
TITLE	D L. DELETE					2.1 TITLE		ł					ange	L ADDITION	
NAME						2.2 NAME									
STREET ADDRESS 6424 ELDER ST					2.3 STREET										
CITY-ST-ZIP TITLE	SPRING HILL FL 34606					2.4 CffY-	·ST-	- ZIP				☐ Ch	20/10	☐ Addition	
I						3.1 TITLE							all V C	L. Addition	
NAME							3.2 NAME 3.3 STREET ADDRESS								
STREET ADDRESS 3299 WINDJAMMER OR CITY-ST-ZIP SPRING HILL FL 34607								1							
CITY-ST-ZIP	OFRING	MILL FL 340U/		DELETE		3.4. CITY-	ST-	-ZIP				☐ Ch	2000	Addition	
NAME					- 1	4.1 TITLE 4.2 NAME		1	PA	Berger		01	n NO	الانتانان مي	
STREET ADDRESS					- 1	4.2 NAME 4.3 STREE		nnerce 3	0 0	Berger Broad St					
								,,,, (a)	50 ~-	oksville FL 31	4601				
CITY-ST-ZIP TITLE				DELETE	_	4.4 CITY-: 5.1 TITLE	31-					☐ Ch	ande	Addition	
NAME					ı	5.2 NAME		رة ا	ate	Mieszczano	KY				
STREET ADDRESS						5.3 STREE		DORESS 2	. 5	, Broad ST	7				
CITY-ST-ZIP					- 6	5.4 CITY-1		7IP 2	20 VV	, Broad ST Kspille, FL 3	اهمالا				
TITLE				DELETE	_	6.1 TITLE	J1-		NUU U		·, ·	☐ Ch	ange	Addition	
NAME	<i>y</i>					6.2 NAME							•		
STREET ADDRESS						6.3 STREE		DDRESS							
CITY-ST-ZIP						6.4 CITY -									
14. I hereby c	ertify that the	information supplied wit	lh this f	iling does not qualify f	for the	exemp	otio	on stated in	Sectio	n 119.07(3)(i), Florida Statutes	I further ce	rtify the	it the	information	
indicated of officer or of	on this annua dir ect or of the	I report or supplemental	l annua iver or t	I report is true and acc trustee empowered to	curate	e and th	at	my signatu	ire shal	Il have the same legal effect as by Chapter 617, Florida Statute	if made un	der oat	h; tha	tiam an	